



THE UNIVERSITY OF LOUISIANA MONROE

Campus Event Planning (Set-up) Checklist

Each step as outlined in this request form, must be completed to facilitate a timely and complete Campus Event Planning set-up. Failure to complete each step, may lead to unnecessary delays and/or incomplete event set-ups.

___ Prepare form 5 business days in advance and submit to Physical Plant, preferably by email, to the contacts as shown at the bottom of this checklist.

___ Each event needs a separate Setup form.

___ Provide exact location on Setup form (including precise grounds location or room numbers, if applicable).

___ Provide the event name, date and time, including the lead time by which full set-up should be completed.

___ Provide the sponsoring group name.

___ Provide your direct supervisor's name on the set-up form, and the name of the Faculty or Executive Team member to which your supervisor reports (if not your direct supervisor).

___ Provide the office number and mobile of contact person.

___ Provide any specific custodial needs, including pre-event and post-event needs.

___ If trash cans, electricity, tables, chairs are required, specify the exact location and quantity.

___ If after-hours standby support is needed, provide an account number for overtime pay.

___ All Set-ups need prior approval, by the direct supervisor and Faculty or Executive Team to whom requestor reports, before submitting to Physical Plant.

Contacts

Ms. Helen Johnson, Administrative Coordinator 3

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ULM PHYSICAL PLANT
REQUEST FOR SPECIAL SET-UP
SUBMIT 5 BUSINESS DAYS IN ADVANCE

REQUESTED BY: _____ REQUEST DATE: _____

FOR EVENT: _____

EVENT LOCATION (Specify Building/Room/Area)

EVENT COORDINATOR: _____ PHONE# _____ ALT PHONE# _____

ULM SPONSORING AGENCY OR DEPT: _____

EVENT BEGINS (SETUP BEFORE)

EVENT ENDS (TAKE DOWN AFTER)

DATE: _____ TIME: _____

DATE: _____ TIME: _____

EQUIPMENT NEEDED

TABLES		CHAIRS	PODIUM	STAGE	PA SYSTEM
Size _____	Qty _____		No	No	No
Type _____	Type _____			H _____ x W _____ x D _____	No. of Speakers _____
Qty _____					

DESCRIBE ANY SPECIAL ELECTRICAL REQUIREMENTS:

STANDBY PERSONNEL NEEDED (Number and Trade):

OTHER SPECIAL NEEDS OR COMMENTS:

IN THE SPACE BELOW OR ON A SEPARATE SHEET, PLEASE DIAGRAM SET-UP ARRANGEMENT. SHOW LOCATION OF DOORS, WINDOWS AND OTHER FEATURES OF ROOM OR SPACE. BE SURE TO INDICATE LOCATIONS OF ALL ELEMENTS REQUESTED ABOVE, INCLUDING SOUND SYSTEM AND ELECTRICAL OUTLETS.

Requesting Agent

Approving Agent

Print Name

Print Name

Signature

Signature